

DOMESTIC
NONPROFIT CORPORATION

STATE OF MAINE

CERTIFICATE OF RESUMPTION

Filing Fee \$25.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Corporation)

Pursuant to [13-B MRSA §1301.6](#), the undersigned corporation executes and delivers for filing this Certificate of Resumption: **After filing this certificate, the corporation is required to file annual reports beginning with the next reporting deadline following resumption.**

FIRST: This certificate was adopted by a majority of the ("X" one box only) ☐ members ☐ directors on

(date) _____ at (location) _____

("X" one box only) ☐ at a meeting legally called and held ☐ by unanimous written consent

SECOND: It is hereby certified that a majority of the ("X" one box only) ☐ members ☐ directors have voted to resume carrying on activities.

THIRD: The address of the registered office of the corporation in the State of Maine is _____

(street, city, state and zip code)

FOURTH: ("X" one box only) ☐ public benefit corporation ☐ mutual benefit corporation

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

***MUST BE COMPLETED FOR VOTE
OF MEMBERS***

I certify that I have custody of the minutes showing
the above action by the members.

(signature of clerk, secretary or asst. secretary)

*This document **MUST** be signed by

- (1) the **Clerk or Secretary OR**
- (2) the **President** or a vice-pres. **together with** the **Secretary** or an ass't. sec., or a 2nd certifying officer **OR**
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the **Members.**

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**